

**HERNANDO COUNTY SCHOOL DISTRICT TRANSPORTATION DEPARTMENT
Request for Bus Stop / Change Form**

Do not complete this form if:

- Your child has been approved for out of zone attendance, as the parents are responsible for transportation
- If you have animals loose in the neighborhood, please contact Animal Control at (352)796-5062
- If you have suspicious persons in the neighborhood, please contact the sheriff's office at (352)754-6850

Please complete this form and return to the School Transportation Department at 3339 California Street.

_____ Student Name _____ Student ID # _____ Grade _____ School _____

_____ Parent Name _____ Address _____

_____ Contact Phone Number (during school hours) _____

_____ Assigned Bus Stop _____ Route # _____

Reason for request:

- New to the area
- Closest stop is more than ½ miles from our home address
- The intersection of the nearest cross street and our street is more than ½ mile from our home address
- The walk route to the bus stop is hazardous
- My student would be required to cross a divided roadway to reach the bus stop

Other: _____

Parent Signature: _____ Date: _____

Please note that Florida Statutes 1006.21 (FS), Florida Administrative Code 6A-2.001 (FAC), and Hernando School Board Policy 8600 provide guidelines used to establish School Bus Stops and outline parental responsibilities.

- Chapter 1006.21 FS instructs Florida School Boards to provide transportation to students whose homes are more than a "reasonable walking distance" from the students assigned school.
- Chapter 6A-3.001 FAC defines a reasonable walking distance as "any distance not more than two (2) miles between the home and the school or one and one-half (1 ½) miles between the home and the assigned bus stop.
- School Board Policy 8600 provides instructions for parents in regards to their responsibility for the health, welfare, and safety of their child to and from and while at the bus stop...

Your request is important to us. Please allow up to 10 school days for careful review of your request. Please use your assigned stop until such time Transportation contacts you.

Stop requests and changes will not be reviewed until October 1st at the beginning of the school year.

*****OFFICE USE ONLY*****

- REQUEST DENIED (info on reverse side)
- REQUEST APPROVED: START DATE _____ ROUTE _____
INFORMATION _____

Parent notified on _____ by _____

Office Use Only
Student Transportation Services
Bus Stop Evaluation Form

Review Date _____ / _____ / _____ School To Be Served: _____

Stop Location _____ & _____

Travel direction of bus: _____ North _____ South _____ East _____ West

Stop time: _____ A.M. _____ P.M.

Area: _____ Residential _____ Apartment Complex _____ Industrial _____ Rural

_____ Gated Community _____ Commercial _____ Other

Posted Speed Limit: _____ MPH Lighting In Area: _____ Yes _____ No

Sidewalk: _____ Yes _____ No Sufficient Wait Area: _____ Yes _____ No

Are the student waiting areas at least 15 ft. away from the road: _____ Yes _____ No

Road Type: _____ Two Lane _____ Two Lane, Center Turn Lane

_____ Two Lane, Right Turn Lane _____ Four Lane _____ Four Lane, Right Turn Lane

_____ Divided _____ Other: _____

Street Type: _____ Through _____ One Way _____ Cul-de-sac _____ Weight Restrictions

_____ Construction _____ Other Geographical Conditions

Does this stop location require the bus to back up? _____ Yes _____ No

What is the distance from the preceding bus stop? _____ to the next bus stop: _____

Is the bus stop at least 200 ft. from the railroad tracks? _____ Yes _____ No

Must the student cross 3 or more lanes of traffic? _____ Yes _____ No

What is the visibility from either direction? _____

Is the student: _____ Pre-K _____ Regular Ed

_____ Special Needs _____ Wheelchair

_____ Approved _____ Denied Reason: _____

Evaluator: _____ Title: _____